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✓

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Jan 12, 1899
2. Full Name of Child,	Philip O'Brien
3. Color, *	
4. Sex, (and if twin or illegitimate,)	M
5. Place of Birth,	Southboro
6. Name of Father,	James
7. Residence,	Southboro
8. Occupation,	laborer
9. Birthplace,	Ireland
10. Name of Mother,	
(Maiden Name,)	Nora Heary
11. Residence,	Southboro
12. Birthplace,	Ireland

Dated at Southboro, Jan 17 1899
Signature of person } E O Jones MD
making return. }

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.



AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the _____ of _____

(City or Town.)

during the month of _____ 189 .

1. Date of Birth,	July 18 / 99
2. Full Name of Child,	Gladys Isabel O'Leary
3. Color,	White
4. Sex (and if twin or illegitimate),	Female
5. Place of Birth,	Fayville
6. Name of Father,	Harry E. O'Leary
7. Residence,	Fayville
8. Occupation,	Shoe maker
9. Birthplace,	Gasperon N. Scott
10. Name of Mother,	Louette Isabel O'Leary
(Maiden name,)	Eustis
11. Residence,	Fayville
12. Birthplace,	Fayville

As heard March 4 / 99 - D. J. Trimble M.D.

I certify that the foregoing is a true copy.

Attest:

AN ACT

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Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the _____ of _____

(City or Town.)

during the month of _____ 189 .

1. Date of Birth,	Feb 27 / 99
2. Full Name of Child,	John Patrick O'Loughlin
3. Color,	White
4. Sex (and if twin or illegitimate),	Male
5. Place of Birth,	Fayville
6. Name of Father,	James J. O'Loughlin
7. Residence,	Fayville
8. Occupation,	Employer M. W. W.
9. Birthplace,	South Boston
10. Name of Mother,	Maria E. O'Loughlin
(Maiden name,)	" " Slawin
11. Residence,	Fayville
12. Birthplace,	Natick Mass

Askland March 4 / 99 D. J. Tremblay M.D.

I certify that the foregoing is a true copy.

Attest:

Dw

189 .

Clerk.
(City or Town.)

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

✓ To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of birth, _____

March 17/99

Full name of child, _____

Mary Ellen Hentz

Sex, _____

Female

Color, _____

White

Condition (twin, &c.), _____

Place of birth, _____

Southboro

Residence of parents, _____

Southboro

Name of father, _____

George Wm Hentz

Occupation of father, _____

Farmer

Birthplace of father, _____

Plymouth Mass

Maiden name of mother, _____

Margaret Mary McDem

Birthplace of mother, _____

Boston Mass

Dated at _____

Apr. 10

189 .

Signature and residence of
person making return. { _____

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of birth,

March 22 / 99

Full name of child,

Sylvester Ambrose Kelley

Sex,

Male

Color,

White

Condition (twin, &c.),

Good

Place of birth,

Cordaville Mass

Residence of parents,

Cordaville Mass

Name of father,

Daniel Francis Kelley

Occupation of father,

Watchman

Birthplace of father,

Hopkinton Mass

Maiden name of mother,

Julia M. Calnan

Birthplace of mother,

Marlboro Mass

Dated at

189 .

Signature and residence of
person making return. {

Southville Mass.

Baby born in Southville April 3^d 1899

Baby's Name, Mark

Age 29

Father's Name, James O'Brien Born in Southville

Mother's Name, Maggie O'Brien (nee) Varley. R

Born in Yuro, Colchester County, Nova Scotia

Age 30 years

Father's Father's Name, William O'Brien.

Father's Mother's Name, Margaret O'Brien.

Mother's Father's Name, Patrick Varley.

Mother's Mother's Name, Mary Ann Varley.

Mr. 25
R

Mrs Alex. Velard

Southville

Mass

(See Description
#3)

The Commonwealth of Massachusetts.

No.

Amended Record
RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

April 20, 1899

Full Name of Child,

Joseph Bonoli

Sex, Color and if Twin,

Male. N.

Place of Birth,

Grayville, Southboro, Mass.

Full Name of Father,

John Bonoli

Maiden Name of Mother,

Mary Bonale

Residence of Parents,

Southboro, Mass.

Occupation of Father,

Laborer

Birthplace of Father,

Italy

Birthplace of Mother,

Italy

Dated at

Webster, June 13, 1918

Signature and residence

John Bonoli

of person making return.

Worcester, S.S.

June 13, 1918.

I, the undersigned, personally appeared the above-named John Bonoli, father of said Joseph Bonoli and made oath that above statement subscribed was true.

Before me, John C. [unclear]

Notary Public

Commonwealth of Massachusetts.

Date of Birth, *May 20th* 189*9*.

Sex, *Male*

Color (if other than white),

Name (if named), *James Appleton Thayer*

Place of Birth, No. *St. Marks School* Street

Name of Father, *Wm P. Thayer*

Name of Mother, *Violet Thayer*

Maiden Name of Mother, *Violet Otis*

Residence of Parents, No. *St. Marks School* Street

Occupation of Father, *Teacher*

Birthplace of Father, *New York*

Birthplace of Mother, *Boston*

(Signature),

Ernest B. Bigelow

Physician.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of birth, September 24th '99.
Full name of child, Mary Ellen Carey
Sex, Female Color, White
Condition (twin, &c.), Normal
Place of birth, Fayville
Residence of parents, Fayville
Name of father, Wm. H. Carey
Occupation of father, Laborer
Birthplace of father, East Cambridge
Maiden name of mother, Catherine Sullivan
Birthplace of mother, Ireland
Dated at Ashland, Oct. 10 — 1899.
Signature and residence of person making return. { H. C. B. Snow M.D.
Ashland, Mass.

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Oct. 3, 1899.
2. Full Name of Child, .	Luisefese Mauro
3. Color, *	Italian
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth,	Fairville.
6. Name of Father, . . .	Pasquale Mauro.
7. Residence,	Fairville.
8. Occupation,	Laborer.
9. Birthplace,	Salerno, Italy.
10. Name of Mother, . .	Rachele Gorgo Mauro.
(Maiden Name,) . . .	Rachele Gorgo.
11. Residence,	Fairville.
12. Birthplace,	Salerno, Italy.

Dated at Fairville, Mass. Oct. 10. 1899.
 Signature of person making return. } Carrie E. Newton, M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. - 5,000.

Southville, Mass.

Baby Born 7th Oct
Margretta O'Donnell

Father name

William O'Donnell

Mother name

Margret O'Donnell

Maiden name

Margret Halley

Parents Born in Ireland

Mrs

Alex Valade

Southville

Mass

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Oct. 10, 1899.
2. Full Name of Child, .	Henri Feloni.
3. Color, *	Italian.
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Fairville.
6. Name of Father, . .	Luigi Feloni.
7. Residence,	Fairville.
8. Occupation, . . .	Laborer.
9. Birthplace,	Palma, Italy.
10. Name of Mother, . .	Marietta Feloni.
(Maiden Name,) . .	Marietta Panfani.
11. Residence,	Fairville.
12. Birthplace,	Palma, Italy.

Dated at Fairville, Mass. 1899.

Signature of person making return. } Lewis E. Newton, Jr.

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	Oct. 27, 78
2. Full Name of Child, .	John Joseph Mulvey
3. Color, *	Irish American
4. Sex, (and if twin or illegitimate,) . . .	Male
5. Place of Birth, . . .	Fairville
6. Name of Father, . .	John James Mulvey
7. Residence,	Fairville
8. Occupation,	Farmer
9. Birthplace,	Irish County, Ireland
10. Name of Mother, . .	Alice Mulvey
(Maiden Name,) . . .	Alice Mulvey
11. Residence,	Fairville
12. Birthplace,	Irish.

Dated at Fairville Mass. Dec. 5 1899.

Signature of person making return. } Carrie E. Newton, M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No. *1000*

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of birth,

November 6, 1899

Full name of child,

Anastasia Martin

Sex,

Female

Color,

White

Condition (twin, &c.),

Normal

Place of birth,

Southville

Residence of parents,

Southville

Name of father,

Thomas Martin

Occupation of father,

Laborer

Birthplace of father,

Ireland

Maiden name of mother,

Annie Collins

Birthplace of mother,

Ire.

Dated at

Ashland - Nov. 21 - 1899.

Signature and residence of
person making return.

H. C. B. Snow, M.D.

Ashland, Mass.

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	<i>Nov. 12, 1899</i>
2. Full Name of Child, .	
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	<i>M</i>
5. Place of Birth, . . .	<i>Southboro</i>
6. Name of Father, . .	<i>Joseph P. Delaney</i>
7. Residence,	<i>Southboro</i>
8. Occupation,	<i>Blacksmith</i>
9. Birthplace,	<i>Natick</i>
10. Name of Mother, . .	
(Maiden Name,) . .	<i>Annie E. Brady</i>
11. Residence,	<i>Southboro</i>
12. Birthplace,	<i>Natick</i>

Dated at *Southboro*, *Nov. 15* 1899

Signature of person } *L. P. Jones M.D.*
making return. }

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Nov. 29, 1899.
2. Full Name of Child, .	Alfredi Utenti
3. Color, *	Italian
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth,	Fairville
6. Name of Father, . . .	Egidio Utenti
7. Residence,	Fairville
8. Occupation,	Laborer
9. Birthplace,	Pellecrino, Italy.
10. Name of Mother, . .	Bozia Fella Utenti
(Maiden Name,) . . .	Bozia Fella
11. Residence,	Fairville
12. Birthplace,	Pellecrino, Italy.

Dated at Fairville, Mass. Dec. 5 1899.

Signature of person making return. } Carrie Newton M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. - 5,000.

Commonwealth of Massachusetts.

Date of Birth, Dec. 26th 1899.

Sex, Male

Color (if other than white),

Name (if named), Nathaniel Chrato

Place of Birth, No. Southborough Street

Name of Father, Edward P. Chrato

Name of Mother, Petrus M. Chrato

Maiden Name of Mother, Petrus M. McNeal

Residence of Parents, No. Southborough Street

Occupation of Father, Farmer

Birthplace of Father, Cambridge.

Birthplace of Mother, Maine.

(Signature), Art H. Beclow

Physician.